

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 3/16/2022

EVENT NAME: Waiver of Fees Request - Treasure Sale

ORGANIZER: Rahr West Art Museum - Melissa Franz

E-MAIL ADDRESS: mfranz@manitowoc.org

EVENT DATE: 6/3 to 6/5/22

NEW OR RECURRING: New

LOCATION/DESCRIPTION: Use of banquet tables for a treasure sale at the RWAM

COMMITTEE CONCERNS:

COMMITTEE DECISION:

| APPROVE | DENY |
|---|------|
| Shawn Alfred/sr Jason Freiboth/sr Liz Majerus/sr Jason Russ/sr | |

COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:

**CITY OF MANITOWOC – DEPARTMENT OF PUBLIC INFRASTRUCTURE
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT**

Groups or organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for the use of City-owned facilities or equipment must fill out this form completely, at least 30 days in advance of the event. The request will be reviewed by the Special Event Committee and/or the Public Infrastructure Committee and the group or organization will be notified by e-mail or letter of their decision(s). A financial report for the previous two (2) years indicating all expenses and all revenues of the group/organization may be requested by the committee. Groups or organizations must be current on all financial accounts with the City of Manitowoc.

ALL QUESTIONS MUST BE ANSWERED

Name of event: Rahr-West Treasure Sale

1. Name of club/organization making request Rahr-West Art Museum

Address 610 N. 8th Street, Manitowoc, WI 54220 Telephone (920) 686-3090

2. Names of club officers: Name Address Telephone

President _____

Secretary _____

Treasurer _____

3. Facility requested: _____

Equipment requested: 14 Banquet Tables (or as many as available) CITY OF MANITOWOC ENGINEERING

4. Specific dates and hours facility/equipment will be used: Date(s) 5/25/22-6/8/22 Hrs. _____

5. Please explain your request, as to what fees you desire waived or reduced and reasons. _____

Waiver of fees for banquet table use for RWAM Treasure sale

6. Which do you consider your group to be?

A. Community service _____ B. Non-profit _____ C. Private business _____

D. Club or organization _____ E. Other, please explain City of Manitowoc Department

7. Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?

Yes x No _____

8. If #7 is "yes," explain and list specific charges Use of tables will be for sale of items benefiting RWAM

Collections care

9. What will revenues be used for? RWAM Collections Care

10. Do you wish to meet personally with the Committee to discuss this request? Yes _____ No x

If "yes," please provide the following information of individual to contact:

Name _____ Address _____ Telephone _____

Signed Melissa Franz Date 3/16/22

Please attach any additional information which you feel will assist the committee in evaluating your request.

When completed, return this form to the City of Manitowoc – Dept. of Public Infrastructure

900 Quay St., Manitowoc, WI 54220 · Phone 920-686-3580 · Fax 920-686-6525 · E-mail parksadmin@manitowoc.org

*A/N
6384*